

CLAIMS ONLY

Application Number

Filing Date

10/00/511

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep.	Depend	Indep	Depend	Indep	Depend
1	I					
2		I				
3		I				
4		I				
5						
6						
7		I				
8		I				
9		I				
10		I				
11		I				
12		I				
13		I				
14		I				
15		I				
16		I				
17		I				
18		I				
19		I				
20		I				
21		I				
22		I				
23		I				
24		I				
25		I				
26		I				
27	I					
28		I				
29		I				
30						
31						
32						
33		I				
34		I				
35		I				
36		I				
37		I				
38		I				
39		I				
40		I				
41		I				
42		I				
43		I				
44		I				
45		I				
46		I				
47						
48	I					
49	I					
50						
Total Indep						
Total Depend						
Total Claims						

* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
51						
52						
53						
54		I				
55						
56		I				
57		I				
58						
59						
60						
61						
62		I				
63		I				
64		I				
65		I				
66		I				
67		I				
68		I				
69						
70		I				
71		I				
72		I				
73		I				
74		I				
75		I				
76		I				
77		I				
78		I				
79		I				
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
Total Indep		4				
Total Depend		60				
Total Claims		64				